

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☒	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR John E. Schalk						5. LEASE DESIGNATION AND SERIAL NO. USA NM-18328	
3. ADDRESS OF OPERATOR P. O. Box 26687, Albuquerque, New Mexico 87125						6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 890' FSL, 865' FWL Sec. 32, T-29-N, R-4-W At top prod. interval reported below same At total depth same						7. UNIT AGREEMENT NAME -	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME Schalk 29-4	
15. DATE SPUDDED 4-26-75						9. WELL NO. 1	
16. DATE T.D. REACHED 5-25-75						10. FIELD AND POOL, OR WILDCAT Blanco M V	
17. DATE COMPL. (Ready to produce) 5-25-75						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 32, T-29-N, R-4-W	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7479 K B						12. COUNTY OR PARISH Rio Arriba	
19. ELEV. CASINGHEAD 7479						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 8949		21. PLUG, BACK T.D., MD & TVD 6914		22. IF MULTIPLE COMPL., HOW MANY 3		23. INTERVALS DRILLED BY 8949	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) Mesa Verde 6318-6771						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction Water Log, Compensated Neutron-Formation Density						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
12-3/4				325		15	
4-1/2		10.5		6914		7-7/8	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SIZE	
None							
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
6318-6332, 6392-6426, 6470-6492, 6628-6658, 6681-6697, 6736-6748 6757-6771. One hole per ft				70,000# sd, 80,000 gallons			
				70,000# sd, 80,000 gallons			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						Shut-in	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
8-1-75		3		25		1146 MCF/D	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. GAS—MCF. WATER—BBL.	
92		564		1430 MCF/d		1146 MCF/D	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						SEP 20 1975	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.							
SIGNED _____		TITLE Operator		DATE 9-19-75			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) - (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	3757	3926				
Kirtland	3926	4180				
Fruitland	4180	4342				
Pictured Cliffs	4342	4518				
Lewis	4518	6306				
Cliff House	6306	6328				
Menefee	6318	6622				
Point Lookout	6622	6740				
Mancos	6740	7642				
Gallup	7642	8292				
Sanastee	8292	8592				
Greenhorn	8592	8655				
Graneros	8655	8818				
Dakota	8818	8932				
Morrison	8932					